



RESPONSE UNDER 37 C.F.R. § 1.116
EXPEDITED PROCEDURE
EXAMINING GROUP NO. 2873

In re Application of:

MAKOTO MISAKA

Application No.: 09/576,297

Filed: May 23, 2000

Docket No.: 00865.004477 (865.4477)

Examiner: W. Choi

Group Art Unit: 2873

Date: August 29, 2003

For: ZOOM LENS, AND IMAGE PICKUP APPARATUS
AND IMAGE PROJECTION APPARATUS
USING THE SAME

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

RECEIVED
SEP - 5 2003
TECHNOLOGY CENTER 2800

Sir:

Transmitted herewith is an Amendment After Final Rejection in the above-identified application.

☐ No additional fee is required.

The fee has been calculated as shown below:

CLAIMS AS AMENDED						
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	29	MINUS	72	0	x \$ 9 \$18	\$0.00
INDEP. CLAIMS	8	MINUS	11	0	x \$42 \$84	\$0.00
Fee for Multiple Dependent claims \$140/\$280						--
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						\$0.00

- ☐ Verified Statement claiming small entity status is enclosed, if not filed previously.
- ☐ A check in the amount of \$_____ is enclosed.
- ☐ Charge \$____ to Deposit Account No. 06-1205. A duplicate of this sheet is enclosed.
- ☒ Any prior general authorization to charge an issue fee under 37 CFR 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate of this paper is enclosed.
- ☐ A check in the amount of \$_____ to cover the Extension fee for response within____ month(s) is enclosed.
- ☐ A check in the amount of \$____ to cover the Information Disclosure Statement fee is enclosed.
- ☒ Applicant's undersigned attorney may be reached by telephone at (202) 530-1010. All correspondence should be directed to the address listed below.



Attorney for Applicant
Daniel S. Glueck
Registration No. 37,838

DSG

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